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SCARLET FEVER AND ITS TREATMENT WITHOUT ICE.

As reported in the medical transactions of the State of Pennsylvania.

By DR. HIRAM CORSON,

Of Conshohocken, Pa.

In your journal of Oct. 22 I find some "striking statistics" of the fatality of scarlet fever and diphtheria, from which it appears that "during the 21 years preceding 1868, about 20,000 deaths occurred annually from those two diseases in England and Wales, and that in the year 1869 not less than 40,000 deaths took place from the same disease in England. In the first half of the present year 13,900 deaths occurred. So in 21½ years about 470,000 persons died." And the writer adds, "in view of those who escaped to die of maladies induced by these affections, or the treatment, not less than five millions of people in England have, during the last 21½ years, suffered, more or less severely, from attacks of scarlet fever and diphtheria." What fearful diseases! How zealous the physicians of England should be to discover a remedy or mode of treatment to cope with those frightful maladies! Is it possible that there is nothing that can avert or arrest their frightful march? Frightful as is the above account, I think accurate statistics gathered from every county or township of our State would show that scarlet fever prevails to as great an extent and is as fatal in this country as in England, and that in the face of its great fatality we exhibit but little anxiety in relation to it, and have improved but little in our treatment of it during the last forty years. In hope to discover the

feelings of the profession in reference to it, as well as to ascertain what the general treatment of it is, I turn to the recent "Transactions of the Pennsylvania Medical Society." And what do I find there? Only the most incidental notice in an occasional county report that the disease prevailed; but to what extent, or how influenced by treatment, or of the degree of fatality, oftentimes not a word. In not a single county report are we furnished with a complete account of the disease as it prevailed in the entire county. It is rarely that we have more than a meagre notice of it in a single township of a county. Omitting former years, let me glance at the reports for the year embraced by the Transactions of 1870.

Dr. BRADLEY, who signs the report from Columbia and Montour, does not practice, but in his remarks on "Prevalent Diseases," says: "An epidemic of scarlatina has committed sad havoc among the children in this locality; in many instances carrying off all the little ones of a family, and leaving the parents of four or five boys or girls entirely childless. The disease made its appearance early in the fall of 1869, and continued until late in the spring of the present year. The fatal cases were more the result of the sequelæ than of the primary disease. This section of the country is quite healthy, and we have not had such an epidemic as scourged the county recently for very many years. Of its origin, progress, and treatment we can give but little information (not being engaged in practice), except such as is contained in a letter from Dr. SENDERLING, of Berwick, Pa., which we append." From the above we are led to expect that Dr. S. has seen much of this disease, and will record his observations. But we look in vain through his report of eleven pages for a single word in relation to the disease which

grieved Dr. Bradley—a mere looker on—by the sad havoc committed by it. A fearful malady laid waste the community for several months, and yet in all the county there is not one man to record, for the benefit of the profession, the history of its invasion, progress, and decline; the number and ages of its victims; the treatment used; its success or failure.

The man who was in the midst of the sad havoc committed, who saw the disease, in the language of Dr. Bradley, "carry off all the little ones of a family," who was with the scourge from early in the fall of 1869 until late in the spring of 1870, says not a word about it, but gives us eleven pages to show that sulphite of soda wrought easy cures of pertussis, apthæ of mouth and fauces, bronchial inflammation, erysipelas, remittent, typhus, malarial and typhoid fevers; also, the history of five obstetrical cases, minutely detailed; the treatment of which might readily be criticized by an experienced obstetrician with much advantage to readers, if not to the author. I say this in no spirit of fault-finding; but that I may here call attention to a disposition too prevalent with us all: to avoid giving full authentic reports of the cases which, if fairly stated, would show our inefficiency as practitioners. We slur them over, or do not notice them at all, but bring prominently into view other cases and modes of treatment of small interest and little value when success has attended our efforts, as I have shown above, and will show hereafter in this review of other reports.

Dr. ZEIGLER, who reports for Cumberland county, says: "Scarlet Fever appeared in Carlisle early in November, and lasted till late in the spring. The majority of the cases were of the anginose form, many of them of a highly congestive character, frequently proving fatal in from two to six days." He does not believe scarlet fever contagious, and gives his treatment in a general way. "First I give a mild laxative of castor oil or other mild aperient. I then prescribe tonics and stimulants freely, such as sulph. quinine, tinct. ferri chloridi, and acid sulph. aromat., as the case may suggest. Chlorate of potassa as a gargle, and externally to the throat, spts. turpentine. Later in the disease, when the tonsils are much ulcerated, and the secretions become acrid, I use nit. silver, gr. xxx to ʒj. water as a wash, or with a pencil or probang, as the case may require." And this is the treatment

for the cases which he says were of the anginose form, many of them of a highly congestive character, and frequently proving fatal. From the very first, tonics and stimulants freely, with turpentine externally to the throat. Is it any wonder that they died in from two to six days? How could these remedies remove the inflammation and congestion? There is something to commend in this report; but if he had given us the symptoms, from day to day, of even a single one of his congestive anginose cases—the appearance and condition of the skin; the temperature of the body; the kind of drink, whether cold or warm; the state of the mouth and tonsils and uvula; the affection of the nose; the condition of the brain; the remedies used from day to day and their results; when and why he began the use of stimulants and tonics; how death took place, whether from disease of brain, of larynx, or trachea, or lungs; and whether all those congestive cases were treated in the same way—those in the spring, like those had been in the fall: I say, if he had given us such a history of even a single case, he would have done good service to every reader of the report, and possibly some one of those readers could have given him a hint in relation to treatment which would have awakened him to the fact, that the stupefying blows which death deals upon the brain, and the strangling grip which he makes upon the windpipe, need not "tonics and stimulants freely," to ward them off, but remedies that allay inflammation of the throat and counteract the effects of a poison which, in the narcotism which it sometimes produces, is almost as fearful as the remedy so highly prized as a stimulant.

In the Delaware county report, Dr. ALLEN says: "Cases of scarlatina and diphtheria were unusually severe and many deaths occurred." (The italics are mine here, as elsewhere.) And yet in the face of this acknowledgement he says: "The heroic treatment has given way to a more sensible treatment, viz.: rest, good nursing, attention to diet, tonics and stimulants; the expectant treatment, to give it its true title." And this is all he has to say, though the diseases were unusually severe and many deaths occurred. Would that he had given us a good history of the invasion, symptoms, progress, and treatment of even a single case; we might then have decided whether, when many deaths were occurring, and mothers were mourning for their

children, the physician was justified in standing idly by, waiting on his expectant treatment, instead of coming to the rescue of the little ones with whatever heroic remedies enlightened science has armed our profession. Dr. HEYSHAM, of the same county, reports: "In some sections scarlet fever *was endemic and very fatal*," and yet he thinks it of no consequence to give its history and to tell us of the treatment which failed to save his patients. Is it a matter of any importance or practical value to any reader of the transactions to learn that scarlet fever prevailed somewhere in Delaware county in the year 1870? I hope my excellent friend will forgive this kind and gentle criticism; and should the disease again visit his region, that he will make careful observations, record them faithfully, and shrink not from a full detail of the treatment which, in its inefficiency, compels him to say that the disease was very fatal.

Dr. KNOX, reporting for Fayette county, gives an account of an "Epidemic of Scarlatina Simplex," very mild, and needing little treatment, but in three children aged three, five and seven years, after mild scarlatina, who had measles. Hear him: "Three or four days after the disappearance of the eruption of scarlet fever, rubeola occurred with the usual catarrhal and bronchial symptoms. The eruption on the oldest of the children was not fully developed, it bearing some resemblance to the macule of typhus. The patient *despite stimulating and supporting treatment*, died from asthenia. The eruption in the other two presented its ordinary appearance. The elder died of capillary bronchitis on the third day after the disappearance of the rubeola. The youngest child recovered." I might here repeat what I said before: Of what value is the history of those three cases as given to us in the report from Fayette county? Three children had very mild scarlet fever—two of them died—a sad commentary on the treatment. What do we know of those cases? What have we learned of the symptoms? What of the suffering of the poor children? What of the cause and mode of death, and above all, what of the treatment? "Only this and nothing more"—that one of them died of asthenia, "despite stimulating and supporting treatment." If he had even told us that the other two had had the same treatment, and had shown us why this treatment that had failed in two cases succeeded in the third, we

had learned something; but we were not thus favored. We are left to draw on our imagination, to revive, I might say, the sad memories of childhood; and frightful pictures present themselves. We fancy we see those dear children passing through a mild scarlet fever or a still milder measles in a room heated to 84°, with pieces of fat bacon or a warm poultice closely bound around the neck, while gargles of red pepper tea, or nitrate of silver solution were forced into the throat or swabbed about the tonsil glands, and stimulants daily, hourly, poured into the stomach, to keep up the strength and keep out the eruption, and—shall I say it?—the poor children "burnt up" with the hot room, with the loads of bed clothes, with the hot teas, and, above all, with the fiery stimulants, pleading and calling in vain for a drink of cold water to moisten their parched and burning mouths. The agonized mother tries to pacify the little sufferers by telling them "the doctor is afraid the water will hurt you; it will drive the measles in. He says you will get better if you will take warm tea, or this sweetened liquor—this stimulant, it is better than water, he thinks;" and so the little child that had raised itself up to have a good, refreshing, cooling drink of ice water, falls back again on its bed and suffers on till death comes to its relief. One died from asthenia, and one from capillary bronchitis, we are told. But of their condition from day to day, during the three weeks that they suffered we know nothing, save that, despite stimulants, they grew worse and died. What a singular circumstance that any one should die, despite the use of stimulants!

Dr. SARGENT, reporting for Montgomery county, does not speak of the disease as having prevailed, but says: "The ice-treatment in cases of scarlet fever and diphtheria continues to be employed by the members of our society with much success. It is regarded often as quite indispensable as an internal and external remedy, though of little value externally, unless employed continuously. An instance is related by one of the members, in which, after it was used six hours, it was set aside, the condition of the patient having much improved; but a relapse occurred and the patient became extremely feeble, when the ice was reapplied for forty-eight hours, and the patient recovered." Modest as this announcement is, it informs us, that after dispensing with its use the disease became aggravated and the

patient very feeble; that on again applying the ice recovery soon followed, even removing the weakness without a resort to stimulants, so much used in other counties. To thinking persons this one fact is of much importance.

Dr. BREINIG, of Northampton county, writes: "Twenty-two cases of scarlatina were treated, of which four died of the grave form of the disease. (They are all grave if death ensue.) The milder form of the disease was treated by confining the patient to a dietetic and moderate antiphlogistic course; a moderately cool temperature and mucilaginous drinks. *S. anginosa* and *s. maligna*, after appropriate evacuations, were treated with chlorate potassa and *tr. ferri chloridi* with good results. Sequelæ followed in six cases, all of which yielded readily to remedies with the exception of one case: a little boy of six years, who, by exposure, was attacked with acute dropsy, resulting in effusion into the serous cavities, followed by convulsions, coma and death." Twenty-two cases in all—many of them mild and needing but little treatment—the only remedies *chlo. pot.* and *tr. mur.* Iron for the severer cases, and good results spoken of from those agents; and yet, four died and five others had troublesome sequelæ. If we had been told how many of the cases were grave ones, correct judgment might have been made as regards the value of those two very inefficient agents—which allowed four to die and five others to struggle against sequelæ. What form did the sequelæ assume—deafness, dropsy, Bright's disease, heart affection? The report to be of use should have specified these particulars.

In the Schuylkill county report, Dr. BROWN has an interesting article. Even its length shall not preclude me from quoting in full, as it will furnish occasion for some suggestions that may be useful. He says: "The early part of the past year was marked by *extreme gravity in the symptoms of all diseases, and in very many cases they proved beyond the reach of medicine, and resulted fatally in spite of the best directed efforts of our art.*" To realize the truth of the above, we ought to know what medicines were used and what the best directed efforts of art are. Schuylkill county art might not be the art of other places. He continues: "During the first quarter, measles and scarlet fever both prevailed epidemically among children; and while one was pursuing its course in one

street of the place, the other would have possession of an adjoining one; but I have never seen them both in the same house at the same time, although I have had one to follow the other so quickly as to prove fatal by the debility produced by the exhaustion of the vital powers alone." He has here given us one cause of death—debility produced by the exhaustion of the vital powers alone. We will mark this cause of death No. 1. "The fever accompanying *both* diseases was of a low typhoid form, the rash being nearly black, or of a dark mahogany color, accompanied by a loose suffocative cough and a great difficulty of breathing. The face was swollen and purple; the skin, at first dry and hot, soon became cool and bathed with a clammy perspiration; and while the head was very hot, the extremities would be very cool, unless kept warm by artificial heat; the pulse was always weak (easily compressed), rapid and irritable, and, in fatal cases, soon ran beyond the powers of computation."

I pause here a moment to call the attention of the reader to the fact that he is describing the symptoms of both measles and scarlet fever, and that, strange to say, they are precisely alike in both diseases. He proceeds: "The expectoration was white and tough, and would stick to the fauces like bird-lime. In many cases the lungs gave a clear sound throughout on percussion; in others there was more or less dullness of one or both, and the danger was generally in proportion to its extent. Auscultation usually revealed mucus and crepitant rales in all parts of the lungs, except where the dullness existed, and then it was more or less circumscribed." The above seems as though it might be a description of measles. He continues: "Delirium was a prominent symptom from the beginning in many cases; in others it did not come on till three or four days had elapsed. Sometimes the disease was ushered in by a violent convulsion, which continued to recur at longer or shorter intervals, thus increasing the congestion of both lungs and brain until asphyxia closed the scene." Here we have mode of death No. 2: Convulsions, congestion of lungs and brain, asphyxia. "In other cases it never recurred after the first attack. The younger the patient the more liable was it to convulsions, and the less likely to recover. In some cases there was a total loss of voice, which continued during the entire course of

the disease, and for a long time after convalescence was established, gradually passing away by the unaided powers of nature." (This seems greatly like measles again.) "In other cases the tightness of the larynx, and indeed of the whole mucous surfaces of the bronchi and trachea increased rapidly, until it ran into membranous croup, and carried the little patient quickly away." Here we have form of death No. 3—tightness of larynx and surfaces of bronchi and trachea—membranous croup. A physician of limited experience might, from reading the above, have fallen into the error of believing it a case of croup from the very beginning. "Sometimes there was aphthous ulceration of the entire inside of the mouth, tongue and pharynx; in others simple ulceration of the tonsils, and again in others, diphtheria thrust itself in to carry away your patient just at the time you were congratulating yourself on your success in having extricated it from so fearful a complication of diseases." Here we have form of death No. 4—diphtheria impudently thrusting itself in, to finish the work which measles, complicated with scarlatina, could not perform. "Oftentimes the disease was ushered in by vomiting and a severe attack of diarrhoea, accompanied by tympanitis, tenesmus, and all the symptoms of inflammation of the bowels. The discharges were dark, thin, and fetid at first, and, after a longer or shorter time, became mixed with blood and mucus." It would be quite interesting to know whether any of those cases of bowel disease recovered, and if so, whether the symptoms of scarlet fever, or measles, or both of them, were manifested at any period of the illness.

"All my cases that recovered did so under the stimulating plan of treatment perseveringly employed, accompanied by such treatment as was necessary to subdue local congestions and inflammations, and to restore the natural secretions." In these few lines we have the whole treatment for these fearful diseases, both attacking the little victims, who, if fortunate enough to throw off the first assailant, was set upon, while yet weak and helpless, by the others. Nor did they even, when thus coming together, use their ordinary light weapons, but came armed with debility, tightness of throat, convulsions, membranous croup, asphyxia, diphtheria, and inflammation of the bowels. And to fight the battle with diseases thus armed, how comes the doctor to the field?

With stimulents and such remedies as were needed to subdue local inflammations—stimulants perseveringly employed, which means, "though thick and thin," whether they do good or harm; keep them going, while the other medicines are battering away at the local inflammations. It would be a boon to your readers to know the names of those medicines or measures that can restore the natural secretions and relieve the local inflammations, while stimulants, perseveringly employed, are drying up the secreting membranes and aggravating every local inflammation and congestion. Is it any wonder that death slipped in under so many forms, just when the doctor thought himself a victor? One more remark, and I leave this paper: In this detailed account of the symptoms we have no mention of the peculiar condition of the throat and glands which are common in scarlet fever, nor of any treatment for their relief; we have learned nothing of value in this quarter. He does not tell us how those were treated who died.

Dr. GEO. B. H. SWAYZE, of the same county, speaks of the disease prevailing mildly, at Mahanoy city, before the advent of cold weather; "but as winter progressed a graver type of disease was developed, and deaths were somewhat frequent." Mark, deaths were somewhat frequent. He continues: "In my own practice two deaths occurred from *s. maligna*: one a boy of four years, the other a babe at the breast. The former died on the third, the latter on the fourth day. In both cases the pharyngeal symptoms were peculiarly grave and attended with diphtheritic exudation: while the cerebral complications, as manifested by coma, subsultus and convulsions, seriously aggravated the severity of the disease. The treatment I have been in the habit of adopting in scarlatina is by no means peculiar. Of the febrifuges, preference is given to liquor potassæ citratis, liquor ammoniæ acetatis, spiritus ætheris nitrici, tinct. digitalis and tinct. gelsemini. One or more of these variously combined with the extract of taraxacum and the syrup of squills, ipecac, garlic, cimicifuga, or wild-cherry bark added according to indications, usually complete the mixture, and is employed in all cases where a simple febrifuge and expectorant effect is desired. It is my habit to avoid the use of the more depressing expectorants as much as possible. Chlorate of potash is always fully administered, either in powder or solution, for its local and consti-

tutional effects, and bro. potassium for undue nervous excitement. My favorite gargle is sulph. zinc. 6 to 8 gr. to $\bar{3}$ j., water and glycerine variously proportioned and sweetened with honey. Where tonics are indicated, reliance is placed on tinct. of chlo. fer., or quinine, cinchona and gentian in convenient and agreeable forms. Moderately stimulating anodyne applications are generally employed on the outside of the throat, the skin over the principal parts of the body occasionally anointed with lard or rubbed with a piece of fat bacon to allay itching, and warm pediluvia sometimes used, when the rash is defective."

I have thus given the treatment spoken of by Dr. Swayze at length, because, as he says, it is not peculiar. It is the common, easy treatment that involves no responsibility, and in grave cases does little, if any good. Look over the list of remedies spoken of, and show me which of them would be of any avail in such cases as he lost, where he says, "the pharyngeal symptoms were peculiarly grave, and attended with diphtheritic exudations, while the cerebral complications, as manifested by coma, subsultus and convulsions, seriously aggravated the severity of the disease."

A fig for mild febrifuges when the coma is deepening; away with the weak zinc astringent to the throat, and the fat bacon and moderately stimulating external applications, when diphtheria is invading and blocking up the avenues of life.

I have thus presented all that can be found in the transactions in relation to scarlet fever. To show still further the almost criminal indifference of physicians in reference to this most destructive disease, I may state that thirty-three county societies represented at our last meeting, and from which reports were received, only the seven above referred to noticed it at all, while twenty-six had not a word concerning it; and yet the disease doubtless prevailed in nearly every county, and a truthful report from each one would have conveyed the sad intelligence, that it was very fatal and that many children were carried away.

Philadelphia has not a word save that in her mortuary table 999 deaths are recorded as occurring from scarlet fever. It is, perhaps, not too much to say that the disease must have prevailed in 10,000 families, and yet not one of all of the physicians of that great city, to whom we would naturally look for guidance

in the treatment of the disease, thought it worth while to write a word on the subject. I am unused to review the writings of others, or to criticize their doings, but I am so impressed with the importance of more attention to the subject of scarlet fever; of more careful observations, and more faithful records; of an abandonment of the old, inefficient, heating, stimulating, constitutional treatment, and a prompt application of such local measures as will prevent fatal injury to the brain, and throat, and windpipe, the avenues through which life is assailed, that I have ventured, at whatever risk, to attract the attention of your readers to this disease. In thus performing my duty I am disposed to say with SYDENHAM: "'Tis none of my business to inquire what other persons think, but to establish my own observations." In order to do which I ask no favor of the reader but to peruse my writings with temper. In my next I will glance at the treatment of this disease as taught by our medical teachers, and then give a brief account of the use of ice in scarlet fever as applied in my practice during the last 26 years.

SCIRRHOUS OF LIVER.

By W. H. H. GITHENS, M. D.,

Of Philadelphia.

Whenever there exists a hyperplasia or chronic inflammation of a fibrous tissue, we find, as a primary result, the hypertrophy of the tissue involved, the consequence of an interstitial deposit of similar character; subsequently the new deposit contracts and hardens. If the disease is located in a tendon, as for instance, the tendoachillis, a certain loss of power with slight pain may be the only symptoms during the primary stage; the second stage results in a lifting of the heel and development of pes equinus. There is evidently no loss of substance during the contraction of the tendon in this case, as, also, in a burn involving the subcutaneous connective tissue, there is no loss of substance during the contraction of the cicatrix, but merely a compacting of tissues already developed into an abnormally solid structure interfering with the proper function of the part.

The cause which operates to produce this gradual result may be anything which invites to the part affected a supply of blood greater

than necessary for the repair of ordinary wear and tear in the performance of function.

A cursory observation would impress one with the size of the liver as compared with the whole body, and especially as compared with the other glandular organs of the body, and from this circumstance alone he would be convinced of its great importance in the role of our domestic economy. But when we observe the vast amount of blood thrown into it, during both foetal and independent life, its importance is still more forced upon us, and we are ready to acknowledge the gravity of any condition which would interfere with the performance of its functions.

We must not fall into the mistake of supposing it to be only an excretory organ. It has through its secretion proper, the bile, an important part to play in digestion, no fat being absorbed if bile be not present in the intestinal canal. The results of digestion which are taken up by the blood vessels from the stomach and intestines are all carried by the portal system and distributed through the capillaries of this organ for more complete elaboration before being thrown into the economy at large. It is probably here that the blood corpuscles have their birth. All these processes may be interfered with, and finally suppressed, by a disease which acts in a purely mechanical manner. Scirrhus of the liver is not an uncommon disease; it is an instance of the operation of the same influences that we can observe in the wounded tendon, or in the cicatrix following a deep burn, first a long-continued stimulating cause, resulting in a hypertrophy of the connective tissue which surrounds and connects the proper glandular tissue of the organ. Following the hypertrophy comes the slow but inexorable law of contraction, compressing in its irresistible grasp the glandular tissue, the ducts, and vessels. The inevitable consequence of such compression is absorption, and the absorption is not of the contracting but of the working glandular tissue, the vessels remain, but the constantly narrowing limits gradually contract their calibre until they become comparatively useless.

Knowing the anatomy and functions of the organ affected, we can easily understand and even foretell the consequences of these changes. During the first stage we have an increase in the size and weight of the liver, the tension of its peritoneal covering causes pain, the increased weight gives a sense of dragging in

the right hypochondriac region, the enlargement of the organ causes a sensible increase in the circumference of the body over it, and the inflammation, although so slight, causes some tenderness on pressure or percussion; but in this stage we have no interference with circulation or secretion. Contraction commences, the pain and tenderness subside, and the enlargement exists no longer. All symptoms of disease pass away; but some time after, a new set are gradually developed. The diminution of the secretion of bile causes indigestion and emaciation, with nausea, vomiting, flatulence and constipation.

The consequences of the interruption to the course of the portal circulation are even more disastrous, the constriction causes a stasis of blood in all the vessels emptying through the liver. The result is the same here as elsewhere from a similar condition, a leakage of serum through the walls of the vessels, and the development of ascites. A collateral circulation is gradually established through the superficial veins of the abdominal walls, but this is never sufficient to replace that which has been lost. The ascites continues to the end; the congested condition of the alimentary canal also shows itself in passive hemorrhages. The diminished secretion of bile causes a roughness and harshness of the skin which becomes pale or of a dusky yellow. Serous diarrhoea and exhaustion usher in the fatal termination.

As no treatment can materially modify the course of this disease, we turn our attention to its causes, so that, if possible, we may prevent that which we cannot cure. Observation has shown that the majority of cases result from the imbibition of strong or undiluted alcoholic liquids on an empty stomach. These are quickly absorbed by the blood vessels and thrown in an unmodified condition into the liver itself, thus causing undue stimulation, and when this is long continued, particularly in hot climates, scirrhus is not an uncommon result. But we sometimes, though rarely, find the disease in persons who lead highly temperate lives, and it is even met with in children. In some of these cases the exciting causes are supposed to be malaria or syphilis, but in others no cause can be detected. To the literature of this last class of cases I contribute the following notes of one occurring in my own practice.

John K., *set.* 29 years; a native of Ireland; unmarried; had been employed in England as weaver at the power-loom until September 1865, when he crossed the ocean and came to this city. In reply to my questions, he declared that he had always been a temperate man, never drinking any alcoholic liquid, except a glass of ale or beer about once a week. He stated that he had never been sick a day in his life; he had, however, in consequence of getting wet during a severe storm while on ship-board, contracted a heavy cold, which lasted about nine days. This was accompanied with severe pain at the base of the thorax on the right side, but no satisfactory history of pneumonia could be elicited.

On his arrival in this country he located himself in Gloucester, N. J. That part of the State is low, flat and sandy, and on the south-eastern, or leeward side of the Delaware river, while large marshes and low meadows lie immediately on the opposite side; the natural consequence is that during spring and fall malarial fevers prevail to a great extent. At Gloucester he was employed in the cotton-mills, but at the end of six months, work becoming slack, he came up to Philadelphia. Failing to find employment at his usual occupation, he accepted general laboring work, hod-carrying, &c. After six months thus spent, his health failed so much that he was compelled to give up work entirely. He now came under my care.

Close questioning elicited an acknowledgment of increase in circumference at the waist while at work in Gloucester; he thought it simply an increase in flesh, and paid no attention to it, nor to a slight pain and tenderness felt in the right hypochondriac region; both of these conditions passed away, and he ceased to notice anything unusual. When I first saw him his color was anæmic and dusky; he had pain in his head and over the liver and kidneys; his tongue was coated; his urine red and scalding; his bowels costive; he was troubled with flatulence and other symptoms of dyspepsia; percussion revealed a very small liver, an enlarged spleen and slight ascites. He had been dosing himself with mercurial purgatives for a supposed "biliousness." These symptoms continued to grow worse during the next four weeks, and were accompanied by emaciation and loss of strength, great soreness, and a feeling or sensation as if a foreign body were present in the

right hypochondriac region. He remarked that he felt as if "something there prevented anything from passing through him."

One night, on turning in bed, profuse hematemesis and hemorrhage from the bowels occurred. About three pints of blood were lost. This local depletion relieved him very much and he was much more comfortable afterward. The ascites increased steadily; emaciation increased rapidly; but there was freedom from pain.

Nine months after the first symptoms of enlargement were noticed or tenderness felt, my notes record the patient as being much emaciated and unable to walk; his abdomen distended to its utmost extent by dropsical effusion; the superficial veins of the abdomen enlarged and prominent; face anxious and distressed; dyspnoea while in a horizontal position; no jaundice; no anasarca; the mind perfectly clear; the appetite good; feces light in color, solid and very fetid; urine not abundant, but of sp. gr. 1038, of a dark, beer color, with a heavy glutinous, yellow precipitate, consisting principally of urates of soda and ammonia, triple phosphates and epithelium scales; no albumen. Pulse, 126, moderately full but quite compressible; respiration 20; heart sounds good, the first being slightly weakened.

The treatment included stimulants, narcotics, and other means to increase the comfort of the patient and relieve pain. He sank gradually, day by day becoming weaker. The urine increased in quantity under the use of diuretics up to four pints daily, with a sp. gr. of 1042, but without at all decreasing the abdominal distension. Typhoid symptoms set in with dry, brown, tongue; occasional delirium; loss of appetite; dilated pupils; stupor; retention of urine; relaxation of sphincters; complete coma, and death closed the scene about ten months from the date of the initial symptoms.

Post-mortem examination.—Three gallons of a bright, yellow, inodorous fluid were drawn off from abdomen. Lungs were compressed but healthy; heart was filled with chicken-fat clots, its structure softened and flabby; kidneys healthy; stomach partially filled with clotted blood, the mucous surface deeply stained; intestines thickened and stained in appearance, externally of a slate color, darker in spots; liver much contracted, knobbed on the surface, light gray in color, with lighter streaks, very solid to the knife and touch,

Dec. 24, 1870.]

Hospital Reports.

513

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

November 5, 1870.

Service of D. HAYES AGNEW, M. D., Prof. of Clinical
and Operative Surgery.

[REPORTED BY DE F. WILLARD, M. D.]

Stone in the Bladder—Lithotomy.

(Concluded.)

measuring eight inches in length, eight inches in breadth, and three inches in thickness; its weight was twenty-two ounces; spleen enlarged, softened, measuring eight and a half inches in length, five inches in breadth, and one and a half inches in thickness; its weight was twenty ounces. The abdominal parietes and under surface of diaphragm were studded with hard, yellowish, semi-transparent bodies of a fibrous consistence. These were numerous and shot-like to the touch. The liquid drawn off from the abdomen was neutral to test-paper, highly albuminous, and contained large percentage of chlorides.

What was the cause of the hyperplasia or inflammation in this case? There appears to me but two possible foundations for theory. First, was the cold contracted on board of the vessel a pneumonia of the base of the right lung? I could not satisfy myself as to this. If it were pneumonia, the inflammation might have extended by continuity to the liver, and, although in a very slight degree, have been sufficient to set up the action which resulted so fatally. That this is possible, is proved by the occurrence of abscesses of the liver two or three years after the pleurisy or pneumonia, which was the direct and acknowledged cause, had passed away. Second, we have malaria as a known exciting cause of this disease, and our patient resided for six months, from September to April, in an atmosphere highly charged with malaria. True, he did not show any of the direct results in intermittent fever, but may not the poison have been working insidiously, and finally have worked its whole force on the liver and spleen, causing in these organs the changes which we have been studying?

I put out these supposition as incentives to thought and observation, the only means by which our knowledge of disease can be increased, and our ability to arrest its progress or relieve its consequences be improved.

Bee Stings.

A writer to the *Scientific American* says that "a good absorbent" will ease the pain of stings.

"The best absorbing substance that I have tried is lean fresh meat. This will relieve the pain of a wasp sting almost instantly, and has been recommended for the cure of rattlesnake bites. I have also used it with marked effect in erysipelas."

The *middle perineal fascia* is this white membrane covering in the muscles at the root of the penis. It is attached to the rami of the pubes and ischia external to the crura of the penis, as far back as the tuberosities, and at its posterior border curves down behind the transverse perineal muscle, to be attached to the triangular ligament, thus entirely shutting off the anterior from the posterior perineum.

As I raise and remove this fascia, I expose at once several muscles: the accelerator urine, the erector penis, and the transversus perinei, as well as the superficial perineal artery and nerve, the transverse perineal artery following the muscle of the same name, and the inferior pudendal nerve; while exteriorly, lying in a groove upon the under surface of the ramus of the ischium, are the internal pudic vessels and nerve. I merely pass over these muscles by names, for you can study their attachments, etc., at your leisure; but I would simply say that several of them, the sphincter ani, transversus perinei, etc., all converge to one point, called the "central tendinous point of the perineum."

The *deep perineal fascia*, or *triangular ligament*, is the white membrane which you see in this model, forming the floor, as it were, of this space into which we are looking. It is a strong membrane, closing up the anterior portion of the inferior strait, and is firmly attached to the symphysis and sub-pubic ligament, and along the ramus of the pubes and ischium upon either side. Its base is attached to the *middle perineal fascia*, and "central tendinous point of the perineum." It consists of two layers, one arising from the anterior lip of the ramus, and the other from the posterior.

The posterior layer curves upward, and is lost in the connective tissue between the rectum and bladder, while the anterior runs forward and is continuous with the middle perineal fascia. Between these two layers lie the membranous part of the urethra, Cowper's glands, the artery and nerve of the bulb, a venous plexus, the pudic nerve and vessels, and the compressor or constrictor urethrae, otherwise called the muscle of Wilson & Guthrie, which encloses the urethra, as you know, like a sling, arising, as it does, from the rami of the pubes, and passing around the canal, being in reality an off-shoot from the levator ani.

In front of the deep perineal fascia, upon either side, are the crura of the penis, arising from the rami near the tuberosities of the ischia, and as I take away this last layer of the triangular ligament, you will see the prostrate glands, the vesiculæ seminales, vas deferens, neck of the bladder, etc., brought into view, and we are now down two or three inches from the point of commencement of our dissection. These are, then, the structures which you will meet, and you will not now be surprised that I spoke so emphatically in regard to a thorough knowledge of the anatomy being requisite to success. In the lateral operation the incision should commence an inch and a half in front of the anus, a little to the left of the raphe or median line, and should be carried three and a half inches backward and outward to a point midway between the anus and tuber of the ischium, or a little nearer the tuber than the anus, to avoid all danger of injuring the rectum, as it bulges out, keeping the knife well lateralized all the time. Into this triangular space, then, you must cut—surrounded on all sides by dangers. You must cut necessarily skin, superficial fascia, external hemorrhoidal vessels, superficial perineal vessels and nerve, middle perineal fascia, transversus perinei muscle and artery, accelerator urine muscles, a few of the fibres of the levator ani, triangular ligament or deep perineal fascia, the compressor urethra, the membranous portion of the urethra, one lobe of the prostrate gland and the neck of the bladder. Your knife must be held firmly, and slightly lateralized, for if you carry it too far in, posteriorly, you injure the rectum as it bulges out above the anus, and produce a stercoraceous fistule; too far in, anteriorly, and you strike the bulb of the corpus spongiosum; too far out, the internal pudic; too far forward, the artery of the bulb; too far backward, and you may work into the connective tissue between the rectum and bladder, and perhaps not enter the latter organ at all, or perchance go up even to the peritoneum. The transverse perineal artery will probably be the first and only one which will give you any inconvenience, and may require a ligature.

Having satisfied yourself that a stone is present, either by the use of a sound or by a sounding board attached to its handle, you are ready for the operation. For several days previous to such an event, you should have your patient under especial preparation; particularly, be sure to put every function in the proper performance of its duty by a course of alteratives, diaphoretics, tonics, etc., with mild diluent drinks, and a little sod. bicarb. Previous to the operation, (the day before) the bowels should be thoroughly emptied by a dose of castor oil, and also by an enema a few hours before, since a full rectum adds to the danger of its being cut. The perineum should be well shaved. As I have said, always

sound the patient, when placed upon the table, to avoid all chance of mistake; and in order to do this the more effectually, compel him to retain his water for several hours, or else inject the bladder with tepid flaxseed mucilage. Having ascertained the presence of the stone, the patient is drawn to the foot of the bed, the thighs flexed and held by assistants, a grooved staff is introduced, and should only be entrusted to a skillful holder, for upon its firmness against the arch of the pubis may depend the safety of the cut. Its handle should be held a little to the right, so as to present the groove to the left side. The external incision is then made, to the extent of which I have before spoken, and the structures, which I have enumerated, are divided until the staff is felt in the urethra, the finger being constantly in the wound to guide and guard each step. The point being now introduced into the groove in the staff, the knife is carried directly forward through the prostate into the bladder, the edge being still well lateralized, and the incision is enlarged to the supposed necessary dimensions. The rectum should at the same time be held out of the way, and care should be taken not to carry the incision too far back, lest the plexus be wounded. Many prefer the gorget for this step of the operation, and it is a safe implement; but I much prefer to avoid any change of instruments, proceeding on with the same long, narrow, straight bistoury with which I commenced.

If you have studied well the parts, and have avoided the dangers to which I alluded a few moments since, you will be able to make these incisions quickly and safely; but if ignorant and careless, you will probably become perplexed, and perhaps entirely lose your way. As you open the bladder a gush of urine ensues, and assures you of an entrance.

The finger is now introduced in order to find the stone; the opening in the prostate is enlarged if necessary; the staff withdrawn, and the lithotomy forceps are carried in along the finger; the stone is grasped and if small is easily extracted. Should it be too large to pass through the opening in the prostate, this may be dilated by a slow, steady, sawing tension upon the stone, dragging it gently through; but first be sure that it is seized in its shortest diameter; or, it may be first crushed and then removed. Upon its removal introduce again the finger for other stones, or for fragments, then pass in a large catheter through the wound, and thoroughly wash out with tepid water everything that lies in the bladder; arrest the hemorrhage, and the operation is done. The hemorrhage may prove troublesome, either from the wounding of the transverse perineal artery, or the vesical plexus of veins; but the former may be controlled by a ligature, and the latter by plugging lightly around a catheter introduced through the wound into the bladder. The

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internal pudic should not be, and is but rarely injured, and if so, must be ligated.

Having extracted the stone how shall we dress the wound?

The old rule was to tie the legs together and confine the patient upon the left side, but I have seen but little advantage from the former, while the latter will be sometimes impracticable in children, like these before us. They will become uneasy and must be allowed to roll about. My rule is, therefore, to give them all reasonable latitude of motion, and to permit them to lie in any position which may best suit their comfort. The bed is kept dry by a cover of gum-cloth, while a sheet is folded lengthwise in four, so that as fast as one portion becomes wet a dry part may be substituted and thus the patient is kept perfectly clean and all irritation is avoided.

No catheter is placed in the wound; in fact, nothing is done to it save the keeping it clean; and it is allowed to heal by granulation. The diet should be nutritious. The bowels should be kept in a quiescent condition until the third or fourth day, when they should be gently opened by a laxative enema. Should excessive irritation or vascular perversion occur, it can be combated by moist warm applications, frequently changed. The swelling of the wound will cause the water to pass through the urethra after the first twenty-four hours, but this will soon pass away, and it will not again follow the urethra perhaps until the tenth or twelfth day.

I have spoken thus far but of the "lateral operation," since it is the one now almost universally accepted. I have time but to speak of the other operations which have been fashionable at various times, but you will find them fully described in your books. I have here on the side table the various instruments required for the performance of these several operations, and you can examine them at your leisure. Here is the single lithotome cachè of FRÈRE CÔSME; the double lithotome for the "bilateral operation," which is an operation as old as CÆLUS; then there is the "Marian," or "median operation," in the raphe of the body, revived by RIZZOLI; and the "medio-lateral," which is performed with this rectangular staff; the "recto-vesical," revived by SANSON; the "supra-pubic," which was practiced as long since as 1561, by FRANCO; and "lithectasy."

[The boy's bladder being distended was now sounded, and considerable difficulty was experienced in finding the stone. After a time, however, a distinct click was elicited, and its presence assured both by Prof. AGNEW and Dr. WM. HUNT who was present.

The child being placed in the usual position, and a grooved staff inserted; the operation was commenced by a clean straight external incision, and a few cuts brought the point of the knife into the groove of the staff, through the membranous portion of the urethra, when it was carried imme-

diately on through the left lobe of the prostate into the bladder; the whole time occupied being but a few seconds. The finger was now introduced again into the wound, but no stone could be felt. A few bands of lymph were found, however, stretching across the bladder like bars and were divided, but a thorough examination failed to detect the presence of any foreign body, and the operator expressed fears that he had made a "dry cut." A third time the finger was introduced, while strong pressure was made upon the supra-pubic region, thus bringing down the fundus of the bladder, and just as the finger was being again withdrawn its dorsum struck against a solid object, which, upon further examination, proved to be the scarcely projecting tip of a calculus, which was enclosed or held to the anterior wall by a pocket formed of bands of lymph. These were torn aside, and the scoop being introduced, quickly brought out a stone of the size of an almond. The bladder was then thoroughly washed, and all hemorrhage having ceased, the boy was warmly wrapped up and taken to the ward.—DE F. W.]

The delay which I experienced, gentlemen, in finding that calculus, will be a valuable lesson to all of you, for it shows you a difficulty which may sometime exist. It has never yet happened in my hands to cut a patient for stone and not succeed in finding it, yet it does occasionally occur—a procedure which is decidedly unpleasant both for the surgeon and patient. Yet, may not some of those cases been like the one before us, and the stone have existed, yet remained unrecognized? In one case, I know that this was so. Lithotomy was performed, but the calculus could not be found, and the wound was allowed to heal. Yet, after recovery, it was very evident that a stone did exist. Again lithotomy was performed, and again it was about to be abandoned, when the finger of the operator felt a hard body strike against it. Further examination revealed that the stone was suspended from the fundus by a band of lymph, and was swinging, pendulum-like, in the cavity. Be not, then, too quickly discouraged, but remember this case, and explore every portion of the interior of the bladder most carefully.

Urinary Calculus—Lithotomy.

The other case, a boy of six years of age, presents a similar train of symptoms to those which I have previously enumerated, and has, also, from time to time, passed small concretions. He has been upon a preparatory treatment of infus. uv. ursi and sod. bicarb., and is now ready for operation, as his health is in good condition.

While he is being etherized I may say a few words upon this "lateral operation" for stone. I have already spoken of the formation of these various concretions, either in the kidneys or bladder; of the irritation occasioned by their presence giving rise to a train of symptoms which may resemble those of several other diseases of the genito-urinary apparatus; of the anatomy of the perineum; of the different steps of the operation; of the preparatory

and subsequent treatment; of some of the complications and difficulties; and of the various other methods which have been employed for the purpose of extracting this foreign body.

The lateral operation has better stood the test of practical experience than any of the others; and one by one they have been dropped, except by their special advocates, until now this lateral operation receives the decided preference of a large majority of surgeons, for the reason that success has followed it in a greater proportion of cases.

It is an old operation, and was first brought prominently into notice by a Monk, Frere Jacques, who came to Paris in the year 1697, almost in rags, penniless and destitute, begging the opportunity of demonstrating his new operation for the removal of stone, and, after many refusals, at last obtained permission to perform it upon the cadaver.

In the presence of a large audience of professional men, he then cut boldly into the perineum upon the left of the raphe, guided only by a catheter—not a staff—opened the neck of the bladder, and with his forceps extracted a large stone which had there been introduced, with great éelat.

Other successes followed, and his star was indeed in the ascendancy. Crowds followed him wherever he went, requiring even the interference of the police, and he was constantly engaged in the removal of calculi. Totally unlearned, and ignorant of the anatomy of the parts, however, it required but a short time to ascertain that two thirds of all patients upon whom he had operated died, and many others only recovered with urinary or stercoraceous fistulas, while several *post-mortem* examinations revealed the fact that he had recklessly cut through rectum, bladder, peritoneum, the entire urethra, etc., indiscriminately; in fact, all the structures which lay in the perineum. When remonstrated with in regard to such a course, his only reply was: "My business is only to get out the stone; it is God's business to cure them afterward."

At last, however, he became so unpopular that he was obliged to leave Paris, but soon appeared in Germany, where, after various reverses and successes, it was seen by the profession that there was some real merit in the operation, and he was, accordingly, taken and educated, and our present lateral operation is but the perfected condition of his original plan.

[The boy being ready, the presence of the stone was made evident to the class by means of an attached sounding-board. The ordinary lateral operation was performed, and a small uric acid calculus quickly extracted. All fragments were thoroughly washed from the bladder, that there might be no remaining nidus, and the hemorrhage soon ceased, without the application of a ligature.

Both boys were placed in bed, anodyne injections given, and they were treated as spoken of in the

lecture—the folded sheet being constantly drawn on, and a dry portion substituted as fast as the preceding portion became saturated, thus insuring cleanliness. Both cases progressed most favorably, and in a few days were playing with their toys. After the first 24 hours the swelling of the lips of the wound compelled the urine to flow through the urethra; but as soon as this subsided, it dribbled from the wound until about the tenth day, when it again made its way through the urethra, and, at the present time, (three weeks), the wounds have almost entirely healed, and no unfavorable symptoms have occurred.

Several other cases of stone are awaiting their turn for operation, and will be presented at succeeding clinics.—DE F. W.]

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

October 31, 1870.

(REPORTED BY J. W. HADLOCK, M. D.)

Operation for Strangulated Hernia with Adhesions of the Sac to the Scrotum and Bowel.

DR. W. W. DAWSON reported a case of strangulated inguinal hernia seen in consultation with Dr. BRAMBLE. The patient was an adult negro. Chloroform and taxis had been repeatedly essayed. Reduction was impossible, from old adhesions to the sac and scrotum.

Seventy-two hours after the first visit, the symptoms indicating it, Dr. D. cut down upon the bowel by careful dissection through the supposed layers, when he suddenly found that he had entered the gut. The adhesions between it and the sac were of such a nature as to render them a common tissue, so that distinction was impossible. Having united the divided intestine with the glover's suture he finally succeeded in separating the bowel and returned it into the abdomen.

Death occurred in 48 hours. The case was one of old irreducible hernia; and though the patient claimed to have himself returned it on several occasions, it was improbable that this result had ever been entirely accomplished. Dr. D. closed his remarks by commenting upon the individuality of each and every case.

DR. GOBRECHT having had cases of the character of the present report, remarked that he had been entirely successful in effecting reduction by means of cold. He explained its action by its known power of exciting contraction of the blood-vessels and intestinal walls, thus diminishing their size, and consequently the size of the extended tumor. Heat and relaxants have a contrary effect. The first case of its employment in this observation was at the Pennsylvania Hospital, 18 years ago. It was then stated that prolonged taxis should be avoided, from danger of exciting inflammation. The

ice bag was applied, and a speedy reduction was effected.

Dr. CONNER suggested, that had there been no adhesions to the scrotum, the hernia might have been reduced *en masse*. Such adhesion as existed in the case just reported by Dr. Dawson, however, precluded the attempt.

Dr. C. related the case of a soldier who was suddenly awakened in the night by the pain of an immense tumor at the external ring. Taxis failed a reduction. There were no constitutional effects for four days, when death suddenly supervened. A decided reaction was manifest, however, a few hours before its occurrence. A *post-mortem* revealed the bowel divided, by the constriction, for three-quarters of an inch of its circumference. The feces being removed, it could be readily returned.

Dr. C. further remarked upon the great efficacy of cold, detailing a case of recent success in an infant, with double rupture, in his own practice. The value of morphia hypodermically in certain cases, and the reported efficacy of acetate zinc, gr. v. to xv., with opium gr. j. per anum, was also suggested and commented upon.

Dr. Gobrecht hoped that his remarks had not created the impression that the knife was not occasionally a necessity. The constriction might be at the neck of the sac, and even then a reduction *en bloc* would not afford relief.

Dr. Dawson repeated that the general adhesions to the scrotum prevented a reduction *en masse*. Gross states that he has not used the knife since the introduction of chloroform, but in a case of the kind he had just related, incision offered the only hope of relief. Dr. D. further remarked, in reference to the return of hernia *en bloc*, that symptoms of strangulation have persisted even after its performance. The surgeon in such cases has cut down upon and divided the stricture, with complete relief. Dr. Wood had just such a case.

Dr. Gobrecht reported a case of hernia of the sigmoid flexure, in which forty-eight hours of taxis excited such inflammation as to produce one and a half pints pus in the peritoneal cavity. The protrusion exceeded anything of the kind that he had observed.

Dr. LUDLOW stated that he reported, two years ago, to the Academy, a case of strangulated oblique hernia, wherein he succeeded in dilating the constriction in forty minutes, by introducing the tip of the little finger between the extruded mass and the margin of the ring, and then pulling the ring forward, while he made gentle pressure on the tumor.

On this proposition, of dilating the ring, quite an animated discussion took place between Drs. Ludlow, Conner, Gobrecht and Orr.

Dr. Conner could not understand how, in *strangulated* hernia, the little finger could be introduced,

the ring dilated, and the protruded mass returned. If the constriction would allow the introduction of the little finger he thought the hernial mass could be returned without any dilatation.

Dr. Gobrecht said the ring could not be dilated, because composed of white fibrous tissue, which was entirely inextensible. From the mechanical arrangement of the fibres the position of the ring might be changed so as to allow the reduction of the hernial sacs for dilating; but white fibrous tissue for all practical purposes, it was simply impossible.

Dr. Ludlow remarked that he was sustained in the position he had taken, and in his practice in the case which he had just reported, by such authority as Gross and Erichsen.

Dr. ORR stated that Gross referred to Dr. SENTIN as having practiced that mode of reducing hernia, but thought Gross himself rejected the practice. At a subsequent meeting of the academy this discussion was renewed. Authors were freely quoted by each one of the contestants. The discussion grew very animated; sometimes warm; always interesting.

Dr. Ludlow referred to the authors quoted by him at a previous meeting to sustain his position in regard to the reduction of hernia. After detailing three cases in his own practice, including a repetition of the case reported at the last meeting, Dr. L. read from Erichsen, p. 779, Gross, p. 528; Peaslee's Histology, p. 277, relative to the practice of dilating the hernial ring, and the properties of white fibrous tissue. Dr. L. only wished to show that his statements were based upon the highest authority, and he was surprised that gentlemen engaged in teaching upon such subjects should not be familiar with the truth.

[Dr. L. here refers to Drs. Gobrecht and Conner, who are professors in the Ohio Medical Society.—J. W. H.]

Dr. Conner quoted from numerous authors, to show that the dilatation in these cases is effected by a laceration of the constricting tissue. He is, moreover, surprised to find in so many surgical works no reference at all to the method of SWETINE. Any real dilatation could only be accomplished by prolonged manipulation, such as would endanger the integrity of the bowel.

To this, Dr. Ludlow rejoined that the gentleman's statement to-night differed very much from what he stated at the preceding meeting. Then he was not inclined to admit of any dilatation *at all*: *now* he thinks by *long continued* manipulation, dilatation *might* be possible, but is fearful of injuring the bowel.

Dr. Gobrecht read from Cruvillier and other authors, to establish his position in reference to the inextensibility of white fibrous tissue. Having quoted from these authors, he then made an exposition of the manner in which apparent extension oc-

curs, viz., by the peculiar arrangement of the fibres, wherefrom it results that the interstices may be changed in shape, while the individual fibres remain unchanged. An illustration of this is made with a handkerchief, the interstices being changed from a square to a lozenge by diagonal extension.

Dr. Gobrecht commented upon the valued of this property of inextensibility, in the formation of tendons, ligaments, etc. What use could be made of the biceps if its tendinous expansion at its radial attachment were of elastic or extensible nature? He remarked further of the character of the tissue of the internal and external pillars of the abdominal ring, and the manner in which the ring itself is changed in shape. Without any elongation of its fibrous border or real increase in size, the circle is merely changed to an oval.

It is admitted that very long continued dilatation would extend the fibres to a very slight degree, but such extension would imply the destruction of one of the physical properties of this tissue, which would never be again restored. By strong pressure of long duration the intercolumnar fibres might be pushed up so as to increase the orifice.

The collateral evidence of the inextensibility of this white fibrous tissue is observed in the position of aneurisms, abdominal aortic being just below the diaphragm, popliteal below the ring in the abductor magnus, femoral below the femoral ring, etc.

Dr. G. further remarked upon the effects of cold in reducing the size of the protruded gut on the principle previously mentioned, and returns to the deduction that white fibrous tissue is, and remains, to all practical purposes, inextensible, highly flexible, but inelastic. These are its physical properties now incontrovertibly established in anatomy, any surgical testimony to the contrary notwithstanding.

Dr. Ludlow rejoined by saying that he did not present himself as an authority in either surgery or anatomy. He simply narrated a case, and the attempt had been made to show that he could not have been successful in the treatment claimed. The issue taken was a direct one, viz.: the total inextensibility of white fibrous tissue.

It was claimed that he could not have inserted even the end of the finger beneath the ring. It is now admitted, what was before denied, viz.: that slight dilatation may follow long continued extension. BELL, GROSS, ERICHSEN and PEASLEE support this view. WILSON shows two diagrams of this tissue on opposite pages, one relaxed and the other stretched.

Dr. L. expressed his surprise that Dr. Conner could find so few authorities upon this subject. It is noticed in Bell, vol. ii., p. 26; Arnold & Chelius, p. 279 refers to Swetine, Le Blanc, and le Cas for dilatation without cutting. In the face of such authorities the evidence presented to-night by Drs. Gobrecht and Conner falls to the ground.

Dr. Gobrecht thought that testimony taken from works of a purely surgical character should not be taken as evidence upon a question purely anatomical. And as to the cuts in Wilson, Dr. G. claimed that as he placed them there, he should be familiar with their design. The stretched figure is merely an exhibit of a straightened band, not an extension in the literal sense.

Dr. Conner thought Dr. Ludlow had read to very little purpose if he had not observed in the quotations from the surgical works referred to that dilatation is practiced after external incision.

Soules' edition of Chelius condemns this mode. Citation is also made from Scarpa to the effect that the descent of the gut is effected by crowding the fibres of the ring together—not by their extension. The support claimed from Peaslee is invalidated by Peaslee's express remark, that white fibrous tissue is almost totally inextensible.

Swetin's method, and Gross's opinion of the same, is fully set forth in a recent lecture by Gross upon this subject.

[Dr. C. then read from Gross in the *American Medical Times*, October 1, the effect that the dilatation, as recommended by Swetin, always implies a forcible laceration of the ring, and in certain cases is attended with danger of rupture of the bowel. It is proper to state that this report is made largely from the secretary's (Dr. Whitaker) minutes.—J. W. H.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Subnitrate of Bismuth in Cholera Infantum.

In *The American Practitioner*, W. WALLING, M. D., gives the following account of this remedy: Having had very satisfactory success with subnitrate of bismuth in the treatment of cholera infantum, I am induced to submit the results of my ex-

perience to my professional brethren. In private practice and in the Western Dispensary of Louisville, I have had an opportunity of treating thirty-three cases of this disease during the past season. In the first case in which I prescribed the bismuth vomiting was intractable, and it was this symptom which led me to make trial of the remedy. The effect was prompt. Not only was the retching arrested, but with it all other symptoms were relieved.

Since then I have used the bismuth to the exclusion of all other internal remedies, except occasionally in malarial cases the sulphate of quinine. I prescribe it in doses of ten grains to a scruple, repeated every second hour, until relief is experienced. I direct it to be given in the mother's milk, recently drawn; or, if the child is not at the breast, in any article of food it may be taking.

The shortest period in which I have arrested the disease with this remedy is seven hours, or after the administration of four doses. The longest time that I have had a patient under treatment with it was three days. The average duration of the thirty-three cases was fifteen hours.

I have enjoined, in all cases, abstinence from all articles of diet but milk, and have directed this to be given in small quantities and at regular intervals.

Of the thirty-three cases which have fallen under my care this season, not one has had an unfavorable termination. In some the symptoms were violent. In a number the hygienic circumstances surrounding the little patients were exceedingly unfavorable.

New Treatment of Piles.

At the last meeting of the British Medical Association Dr. DANIEL MACLEAN, of Glasgow, read a paper of great interest, published in the Association's *Journal*. After speaking of the pathology of hemorrhoids, he says:

Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this sacculated condition continues, you have an abnormal condition of parts with its accompanying suffering; and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over-strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor by a process analogous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

Hemorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first get a free evacuation of the bowels by some aperient medicine; and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well-oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers

and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac, with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remain the thickened integument and whatever effusion of serum may have taken place into the cellular tissue.

In the beginning of the application of this process, the pain is sometimes considerable; but, as the tumor becomes emptied, the pain decreases, and, when it is fully reduced, a great sensation of relief is experienced. The reduction of the first hemorrhoid being completed, the same procedure is applied to the others in rotation; and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than post-parturient. In these last, their acute origin is much more recent, and therefore much more easily reduced; but whatever the cause, the method of treatment is still the same, and will be found of value.

Looking to the pathology of hemorrhoidal tumors, containing, as they do, a single sac, or a plurality of sacs, with fluid contents; the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

In external and intero-external piles, they are—if not seen sufficiently early—besides the fluid contents, what I have called the results of the hemorrhoidal condition, viz.: the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or at one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but, whatever force this objection may have theoretically, it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of the two or three years during which time I have employed the plan. The same or an analogous condition of parts is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size, and shape, can only be coagulated blood obstructing the venous return, and keeping up the congestion surrounding the ulcer.

By applying the kneading process, and causing the patient occasionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

In internal piles, the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done as in the removal by the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles, and, on the return of the bowels, we attend to the constitutional disorder and give injections of astringent lotions, etc.

When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case.

Syphilis of the Nervous System.

DR. E. L. KEYES read a paper upon this subject, based upon the clinical observation of thirty-four cases, to the *New York Medical Journal Association*. His conclusions are:

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after contraction of an infecting chancre, or at any period later during the life of the individual.

2d. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation and the severity of the lesion, and the nature, situation and severity of the nervous symptom to which that lesion may give rise.

3d. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4th. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age and having had fixed constant headache for some time before the attack.

5th. That mydrasis existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6th. That paralysis of single muscles or sets of muscles are frequently syphilitic.

7th. That syphilitic paraplegia generally comes on gradually, often without any local symptom to

call the patient's attention to the injured portion of the cord, and that it is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8th. That syphilitic epilepsy usually occurs after thirty in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long; but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance, from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11th. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12th. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis.

13th. That the prognosis is better, as a rule, for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14th. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases, and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.

Binoxide of Hydrogen as a Cosmetic.

The *Druggists' Circular* says: This new cosmetic has been lately introduced into the perfumery and druggist shops of France, representing a clear, colorless, and limpid fluid of slightly acid reaction. It is used for bleaching dark hair, giving it a much esteemed auburn tint, and is perfectly harmless. The binoxide of hydrogen was discovered about fifty years ago by Thénard, who already then recog-

nised its powerful bleaching properties, based upon the active condition of one equivalent of oxygen. Its formula—viz.: H_2O —shows it to be oxydised water, and it has been used for a number of years to bleach feathers, for which a great demand exists in Europe, not only on the part of ladies, but also among officers, for court dresses. Thénard recommended it for the removal of freckles. It is prepared from binoxide of barium, this being decomposed by weak hydrochloric acid; the (resulting chloride of barium, which is dissolved in the binoxide of hydrogen solution, is precipitated by careful addition of dilute sulphuric acid until a fresh precipitate ceases to form, when it is filtered and ready for use.

Sunstroke.

The *Fremdenblatt* contains a correspondence from a traveler who, on March 23, 1866, was near the Dead Sea with a party of eighteen, one of whom fell from his horse, overcome by the excessive heat of $42^\circ R.$ ($108.5^\circ F.$). One of the Bedouin guides bathed his hands, head and face with lemon juice, after which the sufferer was able to ride two hours, to the banks of the Jordan, where he could rest for several hours, and then completely recovered.

Reviews and Book Notices.

NOTES ON BOOKS.

WE have recently received the proceedings of the convention for the reorganization of the medical society of the State of California, and of the first annual meeting, together with the constitution, rules of order, and code of ethics of the society. From this pamphlet of forty-one pages we learn that the society was incorporated November 1, 1870. Dr. T. M. Logan, of Sacramento, was elected president. The Code of Ethics of the American Medical Association was adopted; and it was agreed that the next meeting of the society should be in San Francisco, on the day next preceding the meeting of the American Medical Association, that is, the first Monday in May, 1871.

DR. B. JOY JEFFRIES' Report on the Progress of Ophthalmology, made to the American Ophthalmological Society, in July, 1870, is a very complete survey of the advancements in this department of survey for the year. Nearly a hundred different articles and monographs are referred to, all published within the period, in various languages. All students of this branch should obtain it. It can be had by addressing Dr. Jeffries, Boston, Mass.

BOOK NOTICES.

Materia Medica for the Use of Students. By JOHN B. BIDDLE, M. D., etc. Fourth edition, revised and enlarged, with illustrations. Philadelphia: Lindsay & Blakiston, 1871. 1 vol., 8vo. cloth, pp. 385.

This survey of the *Materia Medica* is intended for the use of students, and is another of those epitomes which American professors find it necessary to write in order to cram their auditors with the greatest quantity of facts in the shortest possible time. The principle such instructors act on is *hauri multum sed multa*. Their works are comprehensive and superficial; they treat of a whole science in the compass of a duodecimo; and it tasks the resources of typography to stretch them to an octavo. The abundance of such productions is no good sign. We can form no flattering opinion of the tree which bears such fruit, nor of the education which is satisfied by such books.

Of its kind, Dr. Biddle's book is as good as any. He intends it as a text book to accompany his lectures; but we hardly suppose it contains all of his instruction that he wants his auditors to remember. Yet, if it does not, why not write a more thorough treatise?

That this is the fourth edition proves that Dr. Biddle knows his market. We wish, for his sake, it were in a better line of goods. The improvements on the last edition consist in a number of articles "modified, or re-written," chiefly concerning late additions to the *Materia Medica*. The paper and printing are praiseworthy.

The Gynecological Record. A Book of Blank Forms, intended as an aid to the busy practitioner, in recording Gynecological cases; with an appendix of blank leaves, and tables for the ready analysis of the contents of the book. Prepared by Joseph G. Pinkham, A. M., M. D., etc. Approved by the Gynecological Society. Boston. James Campbell, publisher, 18 Tremont street Boston, 1870, 4to. cloth, pp. 196.

The nature and purpose of the above work are so fully described in the title that it leaves little for the reviewer to do, especially as a blank book gives the critic but a small chance to wield his trenchant blade. The first half of the book is occupied by the record proper. Each case is allowed four pages, under the headings—history, present condition, physical examination, diagnosis, and subsequent remarks. The points to be observed are printed, and under "diagnosis" there are two wood cuts, one representing the anterior aspect of the abdomen, the other a median section of the pelvis, so that any lesion may be indicated by the pen.

The forms are very carefully thought out, and will be of great advantage to the gynecologist. They will serve not only as a record, but as a complete reminder of what to observe in these cases, and will add much to the accuracy of the diagnosis and consequently to the success of the treatment.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 24, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send a copy of the *HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE*, of a full-length steel engraved portrait of Professor S. D. GROSS (in 4to. for framing).

Those who have already paid for 1871 will please notify us of their wishes. (In connection with this offer notice No. 2, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January next. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE COUNTRY PRACTITIONER.

In an intercourse extending over many years with professional brethren both in the city and country, we have often felt how unjust is the appreciation of country practitioners, as a class, not merely by the public but by the medical men who have been trained and reside in the commercial centers.

As a rule, the country doctor is a better educated man than his neighbors; he has seen more of men; he knows their physical and moral nature better, he has daily opportunities to watch them in the great crises of life; his sympathy is educated by the frequent sight of suffering; he has learned the deep ingratitude as well as the warm thankfulness of

the human heart. His life is a hard and a poorly paid one; and hard as it is, he often does not insist on the reward which he could obtain. How often do we hear of such a one that "he is not a good collector."

Such experience and such training do not tend to make a man as sharp in money matters as his neighbors; but it refines and cultivates the better portion of his nature. Who can estimate the amount of unobtrusive charity which country practitioners do every year? There is no possibility of sending the penniless applicant to some other doctor. There is no "physician of the poor" who has it a paid duty to attend them.

At all hours and in all weathers, to rich or to poor, to the grateful and the thankless, the country practitioner must render his services; and he does it cheerfully and willingly.

This solitary education of the heart and intellect makes them a distinctive class. In no other do we find stronger and more independent views, verging, we grant, occasionally to dogmatism, but, considering their lonely study, wonderfully rarely. The scientific knowledge of these men usually perishes with them, a fact much to be regretted, for this knowledge is not the result of the teachings of the schools, but of closely weighed experience.

It is not enough considered, and yet it is strikingly true, that many of the most beneficent discoveries in medicine, surgery, and physiology have been by country practitioners, men who, in the retirement of rural life, devoted their spare moments to study and reflection on the human economy. For ourselves, the most original and bold thinkers, and some of the most skilful combatants of disease we have ever met, belonged to the class of whom we are writing. They care less for theory than for practice; less for words than for facts, and undisturbed by the advocacy of therapeutic principles, they learn more of therapeutic possibilities.

We have always wished and urged upon this class of men to communicate more freely than they are wont the results of their labors. We have always felt that it is a duty for them, and one the performance of which will benefit the cause of medicine and consequently of humanity, and reflect credit upon the American profession; and we now repeat and emphasize that wish.

Notes and Comments.

German Military Surgery.

A medical correspondent of the *Nation*, of New York, forwards to that paper an interesting description of the medical branch of the Prussian service. We insert some extracts from it, premising that we are pretty well convinced, from reading the entire article, that the writer is *not* one who has witnessed much service on the battle-fields of this country during the late war :

"The total number of surgeons at the present time employed in the army approaches 3,000, while it is ordinarily less than 2,500. An army corps of 40,000 men has sixty surgeons and provision for twelve field hospitals, each accommodating 200 men, and supplied with five surgeons, about thirty *krankenträger*, or bearers of wounded, and a proportionate number of nurses, assistants, ambulances and carriages of supplies. Each field hospital moves with the army, and is charged with the care of the wounded as they come directly from the field. One half of the surgical force station themselves in action directly in the rear of the army, and do for the wounded whatever immediate emergency may require before they can be sent to the second station, which is more permanent, and where large operations are performed. Here blood flows freely and suffering is dire ; and the red blouse with which the surgeon envelopes his uniform is sadly significant in its hue. The remainder of the surgical force of each field-hospital is here employed, and here the wounded are retained until their removal is dictated by prudence or demanded by necessity.

"You will perhaps allow me a few words on German operative surgery and surgical appliances as compared with those of our own country. The Germans are pre-eminent in deep investigation, skilful theorizing, and thorough information ; but I endeavor to be perfectly candid when I say I have seen nothing which led me to think less highly of the surgeons and the surgery of America. One who has seen and studied practical surgery in any of the chief American cities will look in vain for the order, the skilful manipulation, the rapidity and brilliancy to which he is accustomed at home ; and these are not compensated for by any diminution of the sufferings of the patient or increase in his safety. The operating room, during the performance of an operation, is a sort of Babel. The preliminaries do not seem to have been arranged, the instruments are beyond the reach of the operator, and no one person is charged with the duty of handing them. When he calls for an instrument, several of the bystanders simultaneously attempt to comply with his request. Those who look on discuss the various steps freely and in loud tones, and offer any suggestions that

occur to them. Their instruments, though made of far finer material than we get in America, are clumsy in appearance and construction, and awkward for the hand. The American models of the more common instruments exceed them by far in elegance and neatness. They know little concerning many convenient, ingenious, and tidy contrivances which are considered indispensable in England and America ; and it is amusing to see the lofty indifference with which they listen to any suggestion of the possibility of methods or apparatus superior to their own."

An Excellent Move.

The Minnesota State Medical Society has distributed a circular, through its committee on surgery, on malignant diseases, non-malignant diseases, deformities, erysipelas, and anesthetics. The circular says : "It is the special object of the committee at this time to discover, if possible, the history of the surgical diseases specified in the following particulars, viz : *nationality of the patient*, whether the disease is congenital, its specific form and duration, and whether any effects of climate or residence on its origin and progress are apparent. The varieties of race in the State, and their comparatively short residence here, render our inquiries important and more easily answered now than can be done at a later time."

This is a timely hint which we should be glad to see adopted elsewhere.

A "Mother's Mark."

The following case is sent to us by Dr. D. C. LEAVENWORTH, of New Haven, Ct. :

A respectable and intelligent lady, who has been under my treatment for uterine disease, has a child which is healthful and well formed with the exception of one eye, which is useless so far as sight is concerned. It has the appearance of having been destroyed, either by violence or some inflammation peculiar to the eye.

The history of the case is as follows : When the mother was about three months advanced in pregnancy, a person in the neighborhood was accidentally struck by a bottle, which breaking, inflicted a severe wound that eventually destroyed the eye. There being no physician in the village where she resided at the time, she undertook the task of dressing the wound. The sight made a decided impression on her mind, as she says, "the horrible sight was before me night and day for weeks." She was strongly impressed that the "child would be marked." No other incident of consequence occurred during her pregnancy. When the child was born the mother's fears proved too true ; it was disfigured in the manner above described.

Poisonous Fertilizers.

A correspondent calls attention in the *Scientific American* to a source of ill-health that we do not remember to have seen noticed before. Speaking of preparing animal manures by sulphuric acid, he says:

Common oil of vitriol is, as far as I know, the substance used by all manufacturers; but I think none but the chemically pure acid should be used. The common acid often contains a small quantity of lead and arsenic, both of which are known to be absorbed by plants when presented to their roots.

Dr. Edmund Davy, professor of agriculture and agricultural chemistry, in the Royal Dublin Society, published a paper, in 1859, calling attention to the danger of using manures containing arsenic; yet there has not, up to the present time, I believe, been a pure article of superphosphate of lime put in the market. I think the use, for the purpose mentioned, of acid containing arsenic or lead ought to be prohibited by law.

The Causation of Typhoid Fever.

On ~~Nov. 10~~, Dr. EDWIN M. SNOW, the Registrar of the city of Providence, remarked in his report for November, 1870: "There were ten deaths from typhoid fever in Providence in November, which number was larger than the average. This disease has been more than usually prevalent in the city during the last three months, though with no approach to an epidemic, or endemic prevalence. In numerous places in the country portions of the State, especially near streams or ponds of water, typhoid fever has been very prevalent and fatal this year. The result of extended investigation in this city and State during the last twenty years seems to indicate that typhoid fever is caused by certain conditions of decaying vegetable matter, while typhus or ship fever results from causes connected solely with animal matter. Hence, perhaps, we have an explanation of the fact that typhoid fever prevails much more in the country than in the city, while typhus is found more where human beings are crowded."

Ivy Poisoning.

Mr. H. MARKHAM, of Port Jefferson, New York, sends the following note to the *Scientific American*: I send you a prescription which I am satisfied, from ten years' experience, is the very best remedy for ivy poisoning. It is simply to bathe the parts affected freely with *spirit of niter*. If the blisters be broken, so as to allow the niter to penetrate the cuticle, more than a single application is rarely necessary, and even where it is only applied to the surface of the skin three or four times

during the day, there is rarely a trace of the poison left the next morning. Having often, previous to the discovery of this antidote, been rendered helpless and blind by ivy poison, I know its worth to those effected thereby.

ERRATA.—Some very annoying errors occurred in THE REPORTER of last week, from corrections not having been made by the printer. In Dr. TURNBULL's article, page 488—in his name read LAURENCE; read LIEBREICH for Lubriech; 2d column, 12th line from bottom, read *papilla*; page 489, 1st column, 11th line from top, read *purulenta*; 16th line, read *stair-way*; 9th line from bottom, read *aperiure*. On page 502 in the article on *Hydrangea Arborescens*, the first r is omitted in the word *arborescens* throughout.

☞ A letter containing money has been received from some one at Cadiz, Ohio, who forgot to sign his name. Who sent it? What amount? What for? When mailed? Having several subscribers at Cadiz, we cannot even guess who the sender is.

Pathological Laboratory.

A Pathological Laboratory has been established in New York, over the Bellevue Hospital Museum, for the benefit of medical men resident in that city. The *modus operandi* is similar to that pursued on the Continent—animals being kept on hand for experimental investigation. We understand, though recently commenced, it is progressing favorably.

An Antidote to the Irritation of Cowhage.

Mr. J. WEICHSELBAUM communicates to the *Am. Jour. Pharmacy* the following letter: In cleaning our store, yesterday, one of our men came across a can not labeled. Not knowing what it was, he took some out with his hand to examine it: the same time he called one of the boys, and asked him if he knew what it was; not knowing, he also took some in his hand. A short time afterward they both came to me, bringing the can with them, and told me all about how they got it on them. They said it itched terribly, and wanted me to apply something. The can contained *cowhage*. They tried to wash it off with soap and water before they came to me. I applied some olive oil, and several other oils, which relieved them not the least. A bottle of *camphor liniment* being near at hand, I tried some of that, which relieved the itching sensation at once. Seeing that it relieved the itching so quickly, I put some *cowhage* on my hand; after the itching commenced, I applied some of the camphor liniment, which relieved me in an instant.

Correspondence.

DOMESTIC.

Penetrating Wound of Abdomen—Protrusion of Bowels.

EDS. MED. AND SURG. REPORTER:

Was called, October 16, 1870, at 3 o'clock, P. M., to see Oliver L., *et. 18 years*; gored by a horn of a cow, producing a penetrating wound of the abdomen, two inches below the umbilicus, and one inch to left of median line; wound two inches in length, transverse. About two feet of ileum, with lower border of the omentum, was protruding from the wound; saw the patient half an hour after injury; sent for assistance and anæsthetic. During the half hour that elapsed before the arrival of Dr. MURRAY and the anæsthetic, the protruded bowels were kept enveloped in cloths wrung out of warm water, stimulants administered, and warm blankets applied to the body. The prostration was very great. The protruded bowels were so sensitive and painful that no attempt was made at reduction before the chloroform was obtained. The patient was placed on a dining table, and chloroform administered to complete anæsthesia. Upon examination of the bowels they were found to be uninjured; the mesentery was torn in three places; about a pint of blood in the folds. They were cleansed as carefully as could be from coagula and dirt, and returned to the abdominal cavity. The wound was closed with three sutures, warm water compress applied and bandaged, then placed in bed. He rallied nicely from the chloroform; $\frac{1}{2}$ gr. morph. was given; reaction came on slowly without the use of stimulants.

At 10 o'clock, P. M., the reaction had become violent. Pulse 160; had vomited shortly after the morphia was given; $\frac{1}{2}$ gr. more was given, which produced quietness and some sleep. Cold water was now applied to the wound and entire abdomen. Fluid extract *verat. vir.* was given in full doses every two hours; morphia as often as pain and restlessness appeared; thirst intense; having no ice, the patient was allowed to drink freely of cold water, which would be vomited as soon as it would accumulate to the amount of about a pint on the stomach. At 2 A. M., 17th, swelling had taken place; the bandage had to be slackened; complained of great pain, and $\frac{1}{2}$ gr. morphia was given; cold water kept constantly applied to the abdomen. Pulse still 160; *verat.* continued. At 8 A. M., pulse 130. Had slept about four hours, but was now complaining of pain and tightness of bandage; $\frac{1}{2}$ gr. morph. was given; *verat.* continued in less frequent doses. From this time the violent symptoms

gradually gave way; vomiting still continued during the 17th and 18th, occasionally stercoraceous in character; on 19th pulse was 88, and patient comfortable; took some nourishment; vomiting subsided.

On the 24th the syringe was used, with warm water, and a large alvine evacuation obtained; 25th took a small dose of castor oil, and had a free passage. The sutures were removed on the fourth day; the wound healed nicely, and everything progressed satisfactorily until the 26th. The tumefaction of the abdomen had subsided, but he complained of pain in the hypogastric region. No marked tenderness could be found in any part of the abdominal walls. The pain seemed to be deeply seated. On introducing the catheter, which had been done twice each day since he received the injury, after the urine passed off, air passed from the catheter for some moments, making a perceptible noise, and was noticed by persons in the room not near the patient. This occurred each time I used the catheter on the 26th, 27th, and the morning of the 28th. During the days first mentioned, the general condition of the patient was anything but encouraging. His appetite, which had been good, gave place to complete anorexia; tongue darkly loaded; pulse, 100 and feeble; chills and fever alternating. I was led to conclude, from the symptoms, that suppuration was taking place, and its termination was a matter of serious apprehension, on my part. On the evening of the 28th, a few moments before I arrived, a feeling came upon the patient all at once that he could make his water, and so strong was the desire that it could not be controlled until a vessel was procured, and, consequently, a large amount of urine, together with at least 4 oz. of pus, was voided on the mattress. The urine and pus was not mixed as they would have been had they remained together for any great length of time in the bladder.

From this time onward his improvement has been gradual and permanent. I never had occasion to use the catheter after the discharge of the abscess. A small quantity of matter was voided with the urine for several days. At present date, Dec. 6th, the patient is able to walk about in his room with ease and comfort, with all prospects of a happy recovery from an injury of the most serious character.

I have endeavored, as briefly as possible, to give a few of the salient points in the history and treatment of this case. The discharge of gas, and termination of abscess, are points of peculiar interest as complications rarely met with. The situation of the abscess was in all probability in the parietes of the abdomen, and opened into the bladder on the anterior surface below the peritoneal covering.

J. L. CRAWFORD, M. D.,

Saltsburg, Ind. co., Pa., Dec. 6, 1870.

The Treatment of Dysentery.

EDS. MED. AND SURG. REPORTER:

I don't think that Dr. STEPHEN makes a fair showing of the good results in the treatment of dysentery; by large doses of ipecacuanha. He precedes his ipecacuanha, every time, with "large doses" of laudanum, which I am inclined to think played an active part in the cure of his reported cases. In the summer of 1838, the second year of my practice, I went through a terrible scourge of dysentery. In a strip of territory, some ten miles long, by about three miles wide, scarcely a family escaped. I prescribed for a large proportion of these cases. The "indication" I tried to fulfil was to "unload the bowels" of any irritating matter that might be there, and to excite the liver and skin to the performance of their functions. My success in the above treatment of that epidemic averaged that of my professional brethren, who were likewise engaged in treating it, though we lost a good many of our patients. I have since then prescribed for many cases of dysentery, and went through another serious epidemic in 1849. I have, however, long since ceased to fight "scybala," or play the fool with the liver. The "indication" I now try to fulfil is to procure rest and comfort for my patient. To this end I prescribe opium in some form, in sufficiently large doses to accomplish my object. With this treatment my patients generally convalesce in a very few days. Opium, I think, is "heaven's last, best gift to man," notwithstanding chloral hydrate.

Yours truly,

L. G. HARLEY, M. D.

Wooster, Ohio, Dec. 5.

WORDS OF ENCOURAGEMENT.

— We are glad to receive, and occasionally to publish the favorable opinions of our friends, and take occasion to say that they are accompanied with the most substantial "encouragement" in the shape of renewed subscriptions and the names of new subscribers. *Push the cause, friends! THOSE WHO HELP US, HELP THEMSELVES AND THE CAUSE.*

Dr. S. W. E., Ind.—"In the pages of THE REPORTER I have found the experience of the honest country practitioner, the valuable clinical reports of our first American Hospitals and Colleges, together with the transactions of Medical Societies from all parts of the Union, all of which is beyond price to a medical man who has the interests of his patients and the profession at heart."

Dr. J. S. C., Md.—"Send me the HALF YEARLY COMPENDIUM also—THE REPORTER suits me exactly, and I want more of the same sort."

Dr. C. W. F., N. Y.—"In fact, you had better record me as a permanent subscriber for all your publications, till further notice."

QUERIES AND REPLIES.

Chloral.

MESSRS. EDITORS: Does the hypnotic effect of chloral hydrate, when administered as an anæsthetic in parturition extend to the child also? In the only case under my observation it was given in 15 gr. doses every fifteen minutes during a period of one hour and twenty minutes, the woman being unconscious of the birth, and mother and child quickly dropping into a profound slumber of eighteen hours' duration. Yours,

O. B. TYDINGS.

Big Spring, Ky.

[Ans.—The use of chloral in parturition is so recent that we lack extended observations on this point; we shall be glad to hear from our readers about it.]

Chronic Enteritis.

Dr. J. M. Mc., of West Virginia, asks advice in an obstinate case of enteritis, a married lady, æt. 24; symptoms, tenderness over the whole tract of the bowels, occasionally extreme pain from gastric distension, pustular and flocculent discharges. Opium and the vegetable astringents not tolerated.

Nux Vomica.

Dr. A. P. B., of Texas, propounds the query, why it is that nux vomica is a tonic for all animals born with their eyes open, and a certain poison for such as require some interval of time after birth before they can open their eyes.

Ans.—We do not know.

Physicians' Account Books.

Dr. H. H. L., of N. J., and others.—We know of three different styles of Physicians' account books. Each has its peculiar excellencies. Such books are systematic, and it requires a systematic mind to be satisfied with them. RHL's Account Book, published in this city, is \$8. BARR's, also published here, \$8 and \$10. GOFF's, published in Washington, is \$12.

Dr. S. H. B., Pa.—There are two good works on the physiological action of alcohol on the human system, one by Dr. Carpenter, price sixty cents, the other by Drs. Miller and Lizars, of Edinburgh, price \$1. I can send them.

Dr. G. W. C. J., of Pa.—Meigs & Pepper, on Children, was issued quite recently, and will not be likely to be revised to any extent for some time yet. If the edition is nearly exhausted, it will be simply reprinted.

Dr. L., of N. J.—Single volumes of Gross' Surgery cannot be procured.

MARRIED.

BUCHER—YOUNG.—On the 1st inst., by the Rev. Samuel W. Reigart, assisted by the Rev. George Morris, Robert A. Bucher, Esq., of Mechanicsburg, Pa., and Mary, daughter of Dr. Robert G. Young, of the same place.

KIRKPATRICK—CRONISE.—November 22nd, in Evangelical Reformed Church, Frederick City, Md., by Rev. Dr. Zacharias, Dr. J. C. Kirkpatrick, of Mansfield, Pa., and Miss Elia Cronise, of Frederick City, Md.

MAYNARD—CARSON.—On the 24th ult., by Rev. J. H. Peters, E. F. Maynard, M. D., of Pittsburgh, and Miss Lottie E. Carson, only daughter of Nicholas Carson, Esq., of this city.

DIED.

JAQUETTE.—Suddenly, of disease of the heart, on December 11th, 1870, Dr. F. S. Jaquette.

KOHLER.—In Whitehall township, Lehigh county, Pa., on the 17th of December, Dr. Wm. Kohler, aged 68 years. He was an active member of Lehigh County Medical Society, and labored in the practice of his profession for forty-five years.